

Colorado Secretary of State  
 Elections Division, Campaign Finance  
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**DISCLOSURE BY PUBLIC OFFICEHOLDER**  
**REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS**  
 (24-6-203, C.R.S.)

**Jurisdiction:** ☐ State ☐ County ☐ Municipal  
 (required)

**Filing:** ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter  
 (required) (due April 15) (due July 15) (due October 15) (due January 15)

**Name of Officeholder:** \_\_\_\_\_ **Office Held/District:** \_\_\_\_\_  
 (required) (required)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, **Colorado** **Zip:** \_\_\_\_\_  
 (required) (required) (required)

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

\_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Description: \_\_\_\_\_

2) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

\_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Description: \_\_\_\_\_

3) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

\_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Description: \_\_\_\_\_

4) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

\_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Description: \_\_\_\_\_

**Signature of Officeholder**  
 (required)

**Date**  
 (required)